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| Risk Number | Risk Description: describe the cause (hazard), and effect (risk) | Original Likelihood Score | Original Impact Score | Original Risk rating | Risk Level | Date Added to Risk Register | 53 Mitigating Actions/Controls Required | Responsible Person | Reviewed Likelihood Score | Reviewed Impact Score | Reviewed Risk rating | Risk Movement from last assessment ◀▶/ ▼ / ▲ | Risk Status |
|-------------|---|---------------------------|-----------------------|----------------------|------------|--------------------------------|---|---------------------------------|------------------------------|-----------------------|----------------------|--|-------------|
| BCF1 | If Health and Care partners fail to deliver an integrated care programme in accordance with the national BCF policy framework, within the financial envelope of the BCF pooled budget and by meeting national metrics, then it could lead to the non-achievement of a number of national conditions and performance thresholds which could result in the BCF being escalated nationally and elements of the funding being withheld. | 3 | 3 | 9 | High | Sep-14 | Multiagency governance structure since 2014. Monthly reporting, including performance reporting, on overall progress into governance structure at operational and strategic level. Section 75 agreement in place and reviewed on a quarterly basis by the IFPG. National quarterly reporting to NHSE for BCF assurance. Detailed programme plan - reviewed monthly. Proactive comms plan in place with dedicated resource. Engagement plan in place for the integration programme across all partners. Alignment of the key risk(s) into LCC and NHS partners risk registers. Annual review of BCF plan (including expenditure plan and outcome metrics) with partners to ensure that the plan meets system requirements. Annual review of terms of reference for integration programme governance. | Cheryl Davenport | 3 | 3 | 9 | • | Open |
| BCF2 | If BCF delivery costs are greater than estimated, or reviews of schemes do not identify sufficient financial benefits, then the programme will not achieve plan balance. | 3 | 3 | 9 | High | Apr-17 | Identify potential savings during annual refresh process/linked to CCG QIPP plans (CCG QIPP PMO) Maximise use of the ASC allocation in support of financial pressures & new models of care. Good level of confirm and challenge into financial assumptions across partners, review of Business Cases and investment proposals on a multiagency basis. Proactive financial management across BCF schemes monthly, and report progress to the IFPG quarterly including performance against efficiency target. Liaise with Project Leads regarding progress on programme reviews. Re-profile spending plan where applicable within service lines to better match milestones if any significant variances occur. Agreement in section 75 to be able to off-set an overspend in one scheme against underspends in other schemes. Engagement as needed in internal/external audit processes and reviews to test controls and improve processes based on recommendations where applicable. Annual refresh during Q3/Q4 of the BCF Plan with strong focus on the expenditure plan. | Cheryl Davenport | 2 | 4 | 8 | * | Open |
| BCF3 | If national policy changes to the BCF source/type/amount of funds then the BCF plan may need to be significantly amended | 3 | 2 | 6 | Medium | Feb-16 | Close monitoring of national policy and allocations. Review social care green paper and NHS 10 year plan to identify any impact on the integration programme. | Cheryl Davenport/ Jon Wilson | 3 | 2 | 6 | * | Open |
| BCF3a | If BCF transition arrangements beyond 1st April 2020 are not clear, national policy is delayed or new policy requirements require a major overhaul of planning assumptions, then: * recurrent and non-recurrent expenditure plans may be subject to late changes and medium-term CCG and LA financial plans could be adversely affected. * there may be insufficient lead time for commissioning/decommissioning processes. | 3 | 3 | 9 | High | Aug-18 | Closed - Duplicate of BCF14 | Cheryl Davenport | | | | | Closed |
| BCF4 | If ASC allocation levels are not sufficient, the new model of ASC requires different resource allocations, or demand outstrips assumptions then it could impact delivery against the BCF national conditions and metrics. | 2 | 3 | 6 | Medium | Sep-14 | Annual refresh, and review with partners, of ASC allocation to meet BCF guidance and stakeholder requirements. Ensure elements for ASC allocation map clearly to the conditions/metrics in the BCF and STP workstreams and that the components have clear, measurable benefits. Ongoing analysis between ASC MTFS assumptions and the BCF Plan. Any residual risk/shortfall identified to be addressed in the wider County Council MTFS planning process through review of growth and savings requirements. Using ASC allocation to maximum effect to support the ASC strategy based on prevent, delay, reduce & demand. ASC Transformation Board in place to govern delivery of MTFS savings and transformation work linked to the strategy. STP workstream focused on discharge, recovery and reablement (Integrated Reablement). LCC BI strategy focuses on providing improved analytical tools and outputs to support costing, activity modelling, and performance management in ASC. Joint commissioning priority to review high cost placements. | Cheryl Davenport/ Jon Wilson | 2 | 3 | 6 | * | Open |
| BCF5 | If schemes in place aimed towards achieving the four BCF outcome metrics (non-elective admissions, delayed transfer of care, permanent admissions to care homes, reablement 91 days post discharge) do not have the level of impact expected then this could result in: * CCGs being unable to release the planned level of funding during the financial year * providers not being able to extract the required level of capacity from the system. * ASC being unable to deliver transformation and savings plan. * Leicestershire BCF Plan being escalated upwards to NHSE. | Э | 3 | 9 | High | Sep-14 | Set realistic stretch projections on outcome metrics in consultation with key partners. KPIs beneath the main metrics to seek further assurance on delivery/ impact of specific interventions with dedicated analyst time to support data capture, analysis and reporting. Annual process for reviewing the addition/exclusion of BCF schemes as part of BCF refresh process. Evidence base/analysis for proof of concept/business case development to be linked more clearly to trajectory assumptions. Clear line of sight from BCF plan to NHS contract activity and financial assumptions/STP capacity planning/QIPP plans. Scenarios addressed in risk sharing agreements where applicable. (Commissioner only) IFPG in place to govern delivery of s75 pooled budget and performance management on quarterly basis locally, and in support of NHSE quarterly returns. Alignment with STP reporting dashboards, e.g. outcome frameworks for Home First and Integrated Teams, new DTOC dashboard. Refresh LLR DTOC assessment (high impact changes model). Oversight of performance quarterly to HWBB and other key partners. Improved performance report to undertake more robust analysis/monitoring. | Cheryl Davenport | 3 | 2 | 6 | • | Open |
| BCF6 | If the BCF plan is not aligned with the LLR-wide strategic programmes (including the STP/ICS programme) then it could potentially result in duplication or an uncoordinated programme across partners. | 2 | 3 | 6 | Medium | Sep-14 | As part of the BCF refresh, completed mapping exercise to ensure that key components are mapped and governed within the STP programme where appropriate (expenditure plan organised by STP theme). Clear programme plan and project roles for delivering service lines within the BCF, which includes matrix working with STP workstream programme leads where applicable. Representation from the LA on the LLR SLT and STP workstreams (where appropriate). STP updates included in All Member Briefings on a regular basis. Introducing place-based group in response to changing environment. Have a clear governance route for decision making within the BCF programme. | Cheryl Davenport | 1 | 3 | 3 | • | Open |

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| BCF7 | If the overall BCF plan and individual BCF schemes within it, are not sufficiently or robustly planned, and risks are not effectively managed, then the programme may result in: * overspend on the BCF spending plan, and non-achievement of saving targets. * delays/slippage on delivering the BCF programme. * commissioning decisions not supporting the integration programme objectives. * lack of contingency plan/effective alternative schemes if parts of the BCF plan is failing. * inadequate change control process in place. | 3 | 3 | 9 | High | Mar-17 | Structured approach to annual refresh of the BCF Plan. High level & detailed programme plans. Governance via Integration Programme governance (including IFPG). Monthly highlight report monitor progress of the overall programme. Full business case development for significant schemes, to be signed-off through relevant governance routes. Annual development session of the HWBB to check alignment of commissioning intentions across partners. Joint commissioning priorities identified via the integration work programme. Strengthened project processes for health and care integration project managers. | Cheryl Davenport | 3 | 3 | 9 | * | Open |
| BCF8 | Lack of visibility/engagement across wider stakeholders including the public and VCS. | 2 | 2 | 4 | Medium | Sep-14 | Comms & engagement plan in place. Refreshed annually and reviewed quarterly. Extensive engagement during BCF refresh - evidenced in annual submissions. Regular stakeholder bulletins, All Member briefings & engagement with partner organisations including LCC, Districts, CCGs, UHL, LPT, Healthwatch. Dedicated comms resource for the BCF. Also same comms resource for STP programmes (e.g. comms resource for Home First and Integrated Teams). Microsite in place for online presence. Dissemination programme for showcasing local practice regionally and nationally e.g. via ADASS, BCF national channels and webinar/conference/ academic channels. Proactive engagement with other areas outside of the East Midlands to share good practice. Participation of engagement activities provided by the NHS and other partners. | Cheryl Davenport | 1 | 2 | 2 | • | Open |
| BCF9 | If there is insufficient capacity or expertise available within the Integration Programme Team, or host authority support services, then it could impact on the delivery of the BCF programme. | 2 | 2 | 4 | Medium | Sep-14 | BCF programme plan in place. Project Managers assigned to individual schemes where applicable with matrix working into STP workstreams. Refresh of staff resource plan factored into the BCF refresh process annually. Interim resource supporting the delivery of key areas of work where necessary (e.g. falls, AT). Reviewed business continuity arrangements of BCF/Integration team based at LCC. Weekly team meetings to manage resource and delivery within the integration team. 6 month planning sessions for the integration/BCF programme plan to ensure forward resource planning and remedial action as needed. Link in with STP enabling workstreams, e.g. IM&T, etc. LCC hosted programme team is well supported by LCC corporate departments and technical expertise (e.g. delivery channel modelling). Ensure early engagement with LCC's Business Partners during work planning and Business Case development to ensure appropriate support services can be identified and allocated. Use TU/Finance/HR and CSU sign off as part of BC development. | Cheryl Davenport | 2 | 2 | 4 | • | Open |
| BCF10 | If the NHS England target for DTOC reduction is not achieved then Leicestershire will be escalated via NHS England which may result in a financial penalty for the Local Authority and a CQC review. | 3 | 4 | 12 | High | Jul-17 | LLR DWG DTOC action plan, supported by specific activities and investments funded from the Leicestershire BCF plan/IBCF allocation was refreshed 2018/19. Escalation, where required, between Integration Executive/IFPG and the Discharge Working Group/A&E Delivery Board. Local assessment undertaken using the CQC system review methodology and an independent assessor to prepare for potential CQC review. Outputs reported January 2018. LLR self-assessment completed against the Department of Health's 8 high impact changes for managing transfers of care. Adult Social Care priority actions to improve DTOC have been refreshed for 2018/19. Monthly review of DTOC progress/performance and updates to risk register accordingly. LLR DTOC dashboard (weekly) includes metrics and provides weekly performance data and tracking the top 10 impactful DTOC actions. Ongoing review of DTOC target and Discharge Action Plan. Health and Care Integration Team resources include a dedicated 0.5wte working on DTOC. | Cheryl Davenport | 3 | 4 | 12 | * | Closed |
| BCF12 | If the financial pressures within CCG budgets from 2018/19 increase the this may mean that the BCF/IBCF allocations are more at risk and it may be more difficult to agree a balanced plan. | 4 | 3 | 12 | High | Aug-18 | Workplan with the CCGs on forward planning to understand any financial impact on the BCF. As part of the annual review of the BCF plan, agree the BCF contingency and risk pool levels for each year. Agreement through the integration governance and partners to ensure that the BCF plan meets the national conditions and local priorities. | Cheryl Davenport | 4 | 3 | 12 | 4 > | Open |
| BCF13 | If the out of hospital programme is not well planned or executed with the agreement of all commissioners then it could have a negative impact on the implementation, including achieving metrics, within the BCF Plan. | 2 | 4 | 8 | High | Aug-18 | Integration Programme lead liaise with the Integrated Community Services Programme to be aware of changes and planned implementation timescales to ensure potential impact, in particular during the transition phase, are fed into the BCF plan, including achieving the metrics and the financial conditions of the BCF plan. Introduction of place-based group to align Leicestershire with LLR work programmes. Link in with Integrated Community Services Programme risk register. | Cheryl Davenport | | | 0 | | Open |
| BCF14 | If BCF transition arrangements beyond 1st April 2020 are not clear, national policy is delayed or new policy requirements require a major overhaul of planning assumptions, then: * recurrent and non-recurrent expenditure plans may be subject to late changes and medium-term CCG and LA financial plans could be adversely affected. * there may be insufficient lead time for commissioning/decommissioning processes. | 3 | 5 | 15 | Significant | Jan-19 | Transferred to Issues Log (No 11) on 7th September 20 | Cheryl Davenport | 1 | 5 | 5 | • | Closed |
| BCF15 | If a transition plan is not agreed for remaining recurrent IBCF expenditure then any future pooled budget will risk having insufficient funds. | 2 | 4 | 8 | High | Jan-19 | | Cheryl Davenport | | | 0 | | Open |